






TREATMENT PROTOCOL: OVERDOSE / POISONING (SUSPECTED) *

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. If narcotic overdose, consider
Naloxone 2mg IM or IN prior to venous access or advanced airway
5. Advanced airway prn
6. Cardiac monitor prn: document rhythm; attach ECG strip if dysrhythmia identified and refer to appropriate treatment protocol
7. Venous access prn
8. Perform blood glucose test, if blood glucose is less than 60mg/dl:
Consider oral glucose preparation, if patient is awake and alert
Dextrose 50% 50ml slow IV push or 10% 250mL IVPB
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
Dextrose 10% 5mL/kg IV
Patient's weight <24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg
Patient's weight ≥24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg, OR rapidly infuse 120mL of 250mL IVPB, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg

If unable to obtain venous access:
Glucagon 1mg IM
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
9. If hypotension, use Ref. No. 1246, Non-Traumatic Hypotension Treatment Protocol
10. If alert and oriented, reassess for potential deterioration
11. If altered level of consciousness
Naloxone
0.8-2mg IVP
Titrate to adequate respiratory rate and tidal volume
If unable to obtain venous access, hypoventilation or suspicion of narcotic overdose, 2mg IM or IN (1mg per nostril for a total dose of 2mg)
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
12. **CONTINUE SFTP or BASE CONTACT**
13. If strong suspicion of narcotic overdose or partial response noted:
Naloxone
0.8-2mg IVP
Titrate to adequate respiratory rate and tidal volume
If unable to obtain venous access, hypoventilation or suspicion of narcotic overdose, 2mg IM or IN (1mg per nostril for a total dose of 2mg)
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
14. If blood glucose remains less than 60mg/dl:
Dextrose 50% 50ml slow IV push or 10% 250mL IVPB
 **Pediatric:** See Color Code Drug Doses/L.A. County Kids
Dextrose 10% 5mL/kg IV
Patient's weight <24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg
Patient's weight ≥24kg – administer in 1mL/kg increments every 2min until symptom improvement or a total maximum dose of 5mL/kg

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5mL/kg, OR rapidly infuse 120mL of 250mL IVPB, if no symptom improvement, administer remaining dose to a total maximum dose of 5mL/kg

15. If blood glucose remains less than 60mg/dl and unable to obtain venous access:

Glucagon 1mg IM

May be repeated every 20min two times



Pediatric: See Color Code Drug Doses/L.A. County Kids

16. Consider drugs of specific history. SFTP providers must contact base for order.
- Calcium channel blocker: Calcium chloride 500-1000mg slow IV push
 - Tricyclic overdose with dysrhythmia or hypotension: Sodium bicarbonate 1mEq/kg IV push and refer to appropriate dysrhythmia treatment protocol